

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

33847

## 1. PLACE OF DEATH

County New Madrid  
Township Leslie  
City Point Pleasant (No.     )

Registration District No. 604  
Primary Registration District No. 5802

File No. 428  
Registered No.       
St.      Ward     

## 2. FULL NAME

John Maden Davis  
(a) Residence No. Point Pleasant Mo.  
(Usual place of abode)

Length of residence in city or town where death occurred Life mos.      ds.      How long in U. S., if of foreign birth?      yrs.      mos.      ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>    </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-4-1885</u>		
7. AGE <u>48-</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, <u>    </u> hrs. <u>    </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) <u>    </u>	
		11. Total time (years) spent in this occupation <u>None</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Point Pleasant New Madrid Co. Mo.</u>		
FATHER	13. NAME <u>John A. Davis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clermont Co. Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Eliza Woods Davis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Point Pleasant Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Henry P. Lawton Point Pleasant Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Point Pleasant Mo.</u> DATE <u>Oct. 23rd</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>F. S. Smith Caruthersville Mo.</u>		
20. FILED <u>12/30/</u> 19 <u>33</u> <u>W. H. O'Barra</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22- 1933

2. I HEREBY CERTIFY, That I attended deceased from Oct 5th 1933, to Oct 22 1933  
I last saw him alive on Oct 22 1933. Death is said to have occurred on the date stated above, at 6:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Malaria  
Date of onset 9/5

Other contributory causes of importance: 30

Name of operation      Date of       
What test confirmed diagnosis?      Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?      Date of injury     , 19      
Where did injury occur?       
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.     

Manner of injury       
Nature of injury     

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify       
(Signed) R. Lee Williams, M. D.  
(Address) Point Pleasant, Mo.

